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# BROADCAST STATIONTAMF AND THE COPIN ANNUAL EMPLOYMENT REPORT

ECTIO	N I			SEP 28 2000				
		<del></del>						
<u>Hisp</u>	<u>anic Broadcast</u>	ing Corporation						
		ue - Suite 215	————— <del>—</del>	DE INC. NO.				
Legal Name of the Licensee   Hispanic Broadcasting Corporation   Design Conservation   Design Conservation								
Telephon	e Number (include area o	code)						
Cont	act Counsel(20	2) 293-3860 [						
		Facility ID Numb	er below	Call Sign				
Commerc	cial Broadcast Station	Noncomme	rcial Broadcast Station He	adquarters				
Radi	• 🗌 TV	☐ Educat	ional Radio	HQ				
	Low Power	ΓV	ional TV					
	International	l						
B. List c share one	all sign and location of a or more employees.	all stations whose employees are	on this report. This should include o	commonly owned stations which				
	Call Sign	Facility ID Number						
			AM FM TV					
			AM FM TV					
			AM FM TV					
, <del></del>			AM FM TV					
			AM FM TV					
			☐ AM ☐ FM ☐ TV					
. <u>.</u>			☐ AM ☐ FM ☐ TV					
			☐ AM ☐ FM ☐ TV					
		D BY THIS REPORT (DATE)	July 1 - 15, 2000					
в. сне	CK APPLICABLE BOX							
	Fewer than five full-ting		it during the selected payroll period	i (Complete page one only and				
X		employees in employment unit du	uring the selected payroll period (Co	emplete all sections of form and				

This report must be certified, as follows: (a) By licensee, if an individual; (b) By a partner, if a partnership (general partner, if a limited partnership); (c) By an officer, if a corporation or an association; or (d) By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed	Men	27	Print Name McHenry T. Tichenor, Jr.
Title President			Telephone No. (include area code) (214) 525-7700
Date September	<u>2</u> າ, 2000	<u>/</u>	

A. FULL-TIME EMPLOYEE DA				MALE					FEMALE		
JOB CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
OFFICIALS & MANAGERS	( <del>s-j</del> )	(a) 6	(b)	(e) 3	(d)	(e)	1	(g)	(h)	<u>(i)</u>	<u>(i)</u>
PROFESSIONALS	13.	3					6		2	2	
TECHNICIANS											
SALES WORKERS	·										
OFFICE & CLERICAL	10				-		3		7		
CRAFT WORKERS (SKILLED)								**			
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	33	9		3			10		9	2	

B. PART-TIME EMPLOYEE DA	PAID ATA			MALE		<del></del>		FEMALE			
B CATEGORIES	TOTAL (a-j)	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC) (b)	HISPANIC (6)	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
OFFICIALS & MANAGERS				(9)	. (0)	(e)	(f)	(g)	(h)	(i)	<u>(i)</u>
PROFESSIONALS	1		1								
TECHNICIANS ·					<u></u>		<del></del>	<u> </u>			
SALES WORKERS											
OFFICE & CLERICAL											
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)						,					
LABORERS (UNSKILLED)											
SERVICE WORKERS									<u> </u>		
TOTAL	1		1				-			<u> </u>	

		STSTATION	3000-033
\	ANNUAL EMPLO	DYMENT REPORT	
ECTION I			
Legal Name of the Licensee			
See Exhibit	<del></del>		
Mailing Address	(G: L. 015)		
3102 Oak Lawn Aven			
Dallas	1	State or Country (if foreign address TX	,
Telephone Number (include area	code)	E-Mail Address (if available)	75219-6991
Contact Counsel (2	02) 293-3860	,	
	Facility ID Number	er	Call Sign
	See below		
SECTION II A. TYPE OF RESPONDENT			
Commercial Broadcast Station	Noncomme	rcial Broadcast Station H	eadquarters
X Radio TV	☐ Educati	ional Radio	· ] HQ
Low Power	TV Educati	ional TV	
Internationa	1		
B. List call sign and location of a share one or more employees.	all stations whose employees are o	on this report. This should include	commonly owned stations which
Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
KTNQ (AM)	35673	X AM FM TV	Los Angeles, CA
KLVE (FM)	35086	☐ AM ☒ FM ☐ TV	Los Angeles, CA
KSCA (FM)	24548	☐ AM 🗓 FM 🗌 TV	Glendale, CA
KRCD (FM)	1025	☐ AM 🏻 FM 🗌 TV	Inglewood, CA
KRCV (FM)	19088	☐ AM 🛛 FM 🗌 TV	West Covina, CA
		AM FM TV	
		AM FM TV	
		☐ AM ☐ FM ☐ TV	
SECTION III A. PAYROLL PERIOD COVERE	ED BY THIS REPORT (DATE)	July 1 - 15, 2000	

#### B. CHECK APPLICABLE BOX

Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)

Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

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I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed Mu	M	Print Name McHenry T. Tichenor, Jr.
Title President		Telephone No. (include area code) (214) 525-7700
Date 9/27/00		

A. FULL-TIME PAID EMPLOYEE DATA				MALE		-			FEMALE		
JOB CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
	(a-j)	(a)	(b)	(c)	(d)	(e)	<b>(f)</b>	(g)	(h)	(i)	Ø
OFFICIALS & MANAGERS	25	8	1	7			3	1	4	1	
PROFESSIONALS	31	1		20					9	1	
TECHNICIANS	2	1			1						
SALES WORKERS	30	1		15			4		10		
OFFICE & CLERICAL	37			16			1		20		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)	2			2				-	·		
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	127	11	1	60	1		8	1	43	2	

B. PART-TIME EMPLOYEE DA	PAID ATA			MALE					FEMALE		
OB CATEGORIES	TOTAL (a-j)	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
OFFICIALS & MANAGERS					<u> </u>			(8)	(h)	(i)	(j)
PROFESSIONALS	10			8				· · · · · · · · · · · · · · · · · · ·	2		
TECHNICIANS				-	,						
SALES WORKERS					· · · · · · · · · · · · · · · · · · ·						
OFFICE & CLERICAL	14			6					8		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)						·					
LABORERS (UNSKILLED)											
SERVICE WORKERS	1			1							
TOTAL	25			15	:				10		

This Annual Employment Report is being filed for <u>KTNQ-AM License Corp.</u>, licensee of Station KTNQ, Los Angeles, <u>KLVE-FM License Corp.</u>, licensee of Station KLVE, Los Angeles, and <u>HBC License Corporation</u>, as licensee of Stations KSCA, Glendale, KRCD, Inglewood, and KRCV, West Covina, California. Although the foregoing stations are licensed to more than one entity, it is appropriate to file a single FCC Form 395-B for the stations because the foregoing licensees are all subsidiaries of Hispanic Broadcasting Corporation, and the stations are all in the same market (Los Angeles, California) and have at least one employee in common.

L:\1842\037\EXH\Form 395-B Exhibit.doc

### BROADCAST STATION ANNUAL EMPLOYMENT REPORT

SECTION I			
Legal Name of the Licensee	<del></del>		
Tichenor License C	orporation		
Mailing Address 3102 Oak Lawn Aven	ne (Suite 215)		
City Dallas		State or Country (if foreign address	
Telephone Number (include area	code)	TX E-Mail Address (if available)	75219-6991
Contact Counsel (2	02) 293-3860		
	Facility ID Numb		Call Sign
SECTION II A. TYPE OF RESPONDENT			
Commercial Broadcast Station	Noncomme	rcial Broadcast Station He	adquarters
X Radio  TV	☐ Educati	ional Radio	HQ
Low Power 1	ΓV	ional TV	
[ International			
B. List call sign and location of a share one or more employees.	all stations whose employees are o	on this report. This should include o	commonly owned stations which
Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
KGBT-FM	6662	☐ AM 🏻 FM 🗌 TV	McAllen, TX
KIWW (FM)	67072	☐ AM 🗓 FM 🗌 TV	Harlingen, TX
KGBT (AM)	67067	X AM FM TV	Harlingen, TX
		AM FM TV	
SECTION III A. PAYROLL PERIOD COVERE	ED BY THIS REPORT (DATE)	July 1 - 15, 2000	
B. CHECK APPLICABLE BOX			
Fewer than five full-tin		it during the selected payroll period	d (Complete page one only and
Five or more full-time certification statement a		ring the selected payroll period (Co	omplete all sections of form and

This report must be certified, as follows: (a) By licensee, if an individual; (b) By a partner, if a partnership (general partner, if a limited partnership); (c) By an officer, if a corporation or an association; or (d) By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

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I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed May 7	Print Name McHenry T. Tichenor, Jr.
Title President	Telephone No. (include area code) (214) 525-7700
Date / 9/17/00	

A. FULL-TIME EMPLOYEE DA				MALE			AN, (NOT HISPANIC) HISPANIC ISLANDER ALASI NATI (i) 3				
JOB CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE	(NOT HISPANIC)	(NOT HISPANIC)		PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
OFFICIALS & MANAGERS	10		(0)	6	(0)	(e)	(1)	(R)		(1)	0)
PROFESSIONALS	15			12					3		
TECHNICIANS										-	
SALES WORKERS	15			8					7		
OFFICE & CLERICAL	4			1					3		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)	3			3							
LABORERS (UNSKILLED)	1			1							
SERVICE WORKERS											
TOTAL	48	1		31					16		

B. PART-TIME EMPLOYEE DA	PAID ATA		·	MALE					FEMALE	<u></u>	<del></del>
DB CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
OFFICIALS & MANAGERS		(4)	(8)	(6)	(d)	(c)	<u>(f)</u>	(g)	(h)	(i)	(j)
PROFESSIONALS			<u>-</u> -								
TECHNICIANS	8			8							
SALES WORKERS											
OFFICE & CLERICAL	1								1.		
CRAFT WORKERS (SKILLED)		-									
OPERATIVES (SEMI-SKILLED)	5			5							
LABORERS (UNSKILLED)											
SERVICE WORKERS									<u> </u>	·	
TOTAL	14			13					1	<u></u>	

## BROADCAST STATION ANNUAL EMPLOYMENT REPORT

CT	TO	N.T	T
	IU	14	I

Legal Name of the Licensee Tichenor License Corporation							
Mailing Address	orborgerou						
3102 Oak Lawn Aven	ue (Suite 215)		-				
City Dallas		State or Country (if foreign address) TX	ZIP Code 75219-6991				
Telephone Number (include area c		E-Mail Address (if available)	13219-0991				
Contact Counsel (2)			To us:				
	Facility ID Numb See below	er 	Call Sign				
SECTION II A. TYPE OF RESPONDENT							
Commercial Broadcast Station	Noncomme	rcial Broadcast Station He	adquarters				
X Radio TV	Educati	ional Radio	HQ				
Low Power 7	Educati	ional TV					
[ International							
B. List call sign and location of a share one or more employees.	all stations whose employees are o	on this report. This should include o	commonly owned stations which				
Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)				
KBNA (AM)	67065	X AM FM TV	El Paso, TX				
KBNA-FM	67066	☐ AM 🗓 FM 🗌 TV	El Paso, TX				
KAMA (AM)	36948	X AM FM TV	El Paso, TX				
		AM FM TV					
		AM FM TV					
		AM FM TV					
		AM FM TV					
		☐ AM ☐ FM ☐ TV					
SECTION III A. PAYROLL PERIOD COVERE	ED BY THIS REPORT (DATE)	July 1 - 15, 2000					
B. CHECK APPLICABLE BOX							
Fewer than five full-tin		it during the selected payroll perio	d (Complete page one only and				
Five or more full-time certification statement		uring the selected payroll period (C	omplete all sections of form and				

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I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed May 3	1	Print Name McHenry T. Tichenor, Jr.
Title President		Telephone No. (include area code) (214) 525-7700
Date / 9/27/00		

A. FULL-TIME EMPLOYEE DA				MALE					FEMALE		
JOB CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
	(a-j)	(a)	(p) ·	(c)	( <b>d</b> )	(c)	<b>(f)</b>	(g)	(h)	(i)	0
OFFICIALS & MANAGERS	7	1.		3					3		
PROFESSIONALS	9			6	· -				, 3		
TECHNICIANS	3	· [		3							
SALES WORKERS	4						2		2		
OFFICE & CLERICAL	6								6		-
CRAFT WORKERS (SKILLED)								_			
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)	2			2							
SERVICE WORKERS											
TOTAL	31	1		14			2		14		

B. PART-TIME EMPLOYEE DA	PAID ATA			MALE	<u> </u>			-	FEMALE		
B CATEGORIES	TOTAL (a-j)	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
OFFICIALS & MANAGERS			(=)	(8)	(4)	(6)	(f)	(g)	(h)	(i)	<u>(j)</u>
PROFESSIONALS				-			<u>-</u> -			<u> </u>	
TECHNICIANS										<u> </u>	
SALES WORKERS											
OFFICE & CLERICAL	1			-					1		
CRAFT WORKERS (SKILLED)											<u> </u>
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	1						·		1		

### DROADOACT CTATION

BROADCAST STATION ANNUAL EMPLOYMENT REPORT								
ECTION I								
Legal Name of t	he Licensee		<del></del>	<del></del>		_ <del></del>		
Tichenor	<u>License</u> C	orporation						
Mailing Address			- ·					
City	<u> Lawn Aven</u>	ue (Suite 21	5)	C	. 11	lam a		
Dallas				State or Country (if foreign	address			6001
TX 75219-699 Telephone Number (include area code) E-Mail Address (if available)								0331
Contact	Counsel (2	02) 293-3860			_			
		1003201, 9111 (33.1 (3.1 )	ty ID Num			Call Sign		
Barrell San		See	<u>belov</u>	<u> </u>		<u> </u>		
SECTION II  A. TYPE OF R	ESPONDENT							
Commercial Bro	oadcast Station		Noncomm	ercial Broadcast Station	Не	adquarters		
X Radio	TV			tional Radio	لـــا 	HQ		
[20]	Low Power	rv		tional TV	ليا			
	International			17				
	intornational	•						
B. List call sign share one or mo		all stations whose emp	oloyees are	on this report. This should	include (	commonly owned	statio	ns which
			_	Туре	Location			
Call	Sign	Facility ID Nu	mber	(check applicable box)		(city, state)		
ļ				<del> </del>				
KCOR (AM	()	67069		X AM FM	TV	San Antoni	Lo,	TX
		67071		AM X FM	TV			
KROM (FM	17	67071	-			San Antoni	.0,	<u> 1 A</u>
KXTN-FM	<u> </u>	67064		AM X FM	TV	San Antoni	٥,	TX
KXTN (A	M)	67070		X AM FM	TV	San Antoni	٥,	ΤX
				AM FM	TV			<u> </u>
			<u></u>	AM FM	ΤV			
				AM FM	ΤV			
<del>-</del>			<u> </u>	☐ AM ☐ FM ☐	τv			
<u> </u>		<u> </u>						
SECTION III				T1 1 15 200	١٥			
A. PAYROLL P	A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) July 1 - 15, 2000							
D CUECV AD	PLICABLE BOX							
D. CHECK AP	LICABLE BUX							

Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)

Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and  $\overline{\mathbf{X}}$ certification statement and return to FCC)

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I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed	MnJ	Print Name McHenry T. Tichenor, Jr.
Title President		Telephone No. (include area code) (214) 525-7700
Date 9/27/00		

A. FULL-TIME EMPLOYEE DA				MALE			FEMALE				
JOB CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC - (c)	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATTVE (e)	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATTVE (j)
OFFICIALS & MANAGERS	15	4	(0)	8	(4)	(6)	1		2		
PROFESSIONALS	17			10					7		
TECHNICIANS	1			1							
SALES WORKERS	14			4			3		7		
OFFICE & CLERICAL	13			2					11		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)	1								1		
SERVICE WORKERS											
TOTAL	61	4		25			4		28		

B. PART-TIME EMPLOYEE DA	PAID ATA		· · · · · · · · · · · · · · · · · · ·	MALE		· -··			FEMALE		
OB CATEGORIES	TOTAL (a-j)	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
OFFICIALS & MANAGERS		(-)	(6)	(c)	(q)	(e)	<u>(f)</u>	(g)	(h)	(i)	(j)
PROFESSIONALS	7			5	<del></del>	·			2		
TECHNICIANS	4			2					2		<del> </del>
SALES WORKERS											
OFFICE & CLERICAL	5			2					3		
CRAFT WORKERS (SKILLED)		-									
OPERATIVES (SEMI-SKILLED)						,				· <u>.</u> .	
LABORERS (UNSKILLED)											
SERVICE WORKERS				_		-					
TOTAL	16			9					7		

### BROADCAST STATION ANNUAL EMPLOYMENT REPORT

۳.	~	ri	$\sim$	n.	T
E	U.	L	О	N	

BETTOITT				
Legal Name of the Licensee				
See Exhibit Mailing Address	· · · · · · · · · · · · · · · · · · ·			
3102 Oak Lawn Aven	ue (Suite 215)			
City Dallas		State or Country (if foreign address TX	ZIP Code 75219-6991	
Telephone Number (include area of Contact Counsel (2)	E-Mail Address (if available)			
Contact Counsel (2)	Facility ID Numb	per	Call Sign	
SECTION II A. TYPE OF RESPONDENT				
Commercial Broadcast Station	Noncomme	ercial Broadcast Station He	adquarters	
X Radio TV	Educat	tional Radio 🔲	HQ	
Low Power 7	ΓV	tional TV	•	
International	· .			
B. List call sign and location of a share one or more employees.	all stations whose employees are	on this report. This should include	commonly owned stations which	
Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)	
KLAT (AM)	67063	X AM FM TV	Houston, TX	
KLTN (FM)	65310	☐ AM ※ FM ☐ TV	Houston, TX	
KOVE-FM	25583	☐ AM 🗵 FM 🗌 TV	Port Arthur, TX	
KOVA (FM)	57806	AM X FM TV	Rosenberg, TX	
KLTO (FM)	479	☐ AM 🗓 FM 🗌 TV	Galveston, TX	
KRTX (AM)	57804	X AM FM TV	Rosenberg-Richmond TX	
KRTX-FM	57801	☐ AM X FM ☐ TV	Winnie, TX	
K285CS	57800	AM FM TV	Houston, TX	
SECTION III A. PAYROLL PERIOD COVERE	ED BY THIS REPORT (DATE)	July 1 - 15, 2000		
B. CHECK APPLICABLE BOX				
Fewer than five full-ticertification statement		nit during the selected payroll perio	d (Complete page one only and	
X Five or more full-time certification statement		during the selected payroll period (C	omplete all sections of form and	

This report must be certified, as follows: (a) By licensee, if an individual; (b) By a partner, if a partnership (general partner, if a limited partnership); (c) By an officer, if a corporation or an association; or (d) By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed Mu I	Print Name McHenry T. Tichenor, Jr.
Title President	Telephone No. (include area code) (214) 525-7700
Date / 9/27/00	

A. FULL-TIME EMPLOYEE DA				MALE			FEMALE				
JOB CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
	(a-j)	(a)	(b)	(c)	(d)	(e)	<b>(f)</b>	(g)	(h)	(i)	O
OFFICIALS & MANAGERS	18	3		7	1		4	1	2		
PROFESSIONALS	30	-		23				1	6	<u>.</u>	
TECHNICIANS	2	1	1		1						
SALES WORKERS	23	2		10	'		5	1	5		
OFFICE & CLERICAL	12			2				2	8		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	85	6	1	42	1		9	5	21		

B. PART-TIME EMPLOYEE DA				MALE			FEMALE				
'8 CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
<u> </u>	(a-j)	(a)	(b)	(c)	(d)	(c)	(f)	(g)	(h)	(i)	<b>(i)</b>
OFFICIALS & MANAGERS											
PROFESSIONALS	19			13					6		
TECHNICIANS	22			17					5		
SALES WORKERS											
OFFICE & CLERICAL	8							1	7		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)						•					
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	49			30				1	18		

The Annual Employment Report is filed for <u>Tichenor License Corporation</u>, as licensee of Stations KLAT, Houston, KRTX, Rosenberg-Richmond, KRTX-FM, Winnie, KOVA, Rosenberg, KOVE-FM, Port Arthur, and KLTO, Galveston, Texas, and <u>HBC Houston License Corporation</u>, as licensee of Station KLTN, Houston, Texas (all in the Houston, Texas market). Although the foregoing stations are licensed to different entities, it is appropriate to file a single FCC Form 395-B for these stations because the licensees are both subsidiaries (directly or indirectly) of Hispanic Broadcasting Corporation, and the stations are all in the same market (Houston, Texas) and have at least one employee in common.

### BROADCAST STATION

		YMENT REPORT	
SCTION I			
Legal Name of the Licensee			
See Exhibit	·		
Mailing Address	/Ci.h. 015)		
3102 Oak Lawn Aven City		State or Country (if foreign address	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Dallas	ľ	TX	ZIP Code 75219-6991
Telephone Number (include area o		E-Mail Address (if available)	, 3213 0331
Contact Counsel (2	02) 293-3860	· ,	
	Facility ID Numb	er	Call Sign
SECTION II A. TYPE OF RESPONDENT			
Commercial Broadcast Station	Noncomme	rcial Broadcast Station He	adquarters
X Radio TV	Educati	ional Radio	HQ
Low Power	ΓV	ional TV	
International			
B. List call sign and location of a share one or more employees.	all stations whose employees are o	on this report. This should include	commonly owned stations which
Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
WIND (AM)	67068	X AM FM TV	Chicago
WOJO (FM)	67073	☐ AM 🗓 FM 🗌 TV	Evanston
WLXX (AM)	11196	X AM FM TV	Chicago
		☐ AM ☐ FM ☐ TV	
		AM FM TV	
		AM FM TV	
		☐ AM ☐ FM ☐ TV	
		☐ AM ☐ FM ☐ TV	
SECTION III A. PAYROLL PERIOD COVERE	ED BY THIS REPORT (DATE)	July 1 - 15, 2000	

#### B. CHECK APPLICABLE BOX

- Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
- Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and X certification statement and return to FCC)

This report must be certified, as follows: (a) By licensee, if an individual; (b) By a partner, if a partnership (general partner, if a limited partnership); (c) By an officer, if a corporation or an association; or (d) By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed Must	Print Name McHenry T. Tichenor, Jr.
Title President	Telephone No. (include area code) (214) 525-7700
Date / 9-/27/00	

A. FULL-TIME EMPLOYEE DA				MALE					FEMALE		
JOB CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
	(a-j)	(a)	(b) ·	(c)	(d)	(e)	<b>(f)</b>	(g)	(b)	(i)	(i)
OFFICIALS & MANAGERS	16	5		2			2		6	1	
PROFESSIONALS	18			16					2		
TECHNICIANS	6	2		4					,		
SALES WORKERS	20	1		9			2		8		
OFFICE & CLERICAL	6							_ 1	5		·
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)					!						
LABORERS (UNSKILLED)											
SERVICE WORKERS									L		
TOTAL	66	8		31			4	1	21	1	

B. PART-TIME EMPLOYEE DA				MALE				** *	FEMALE	<del>· ,,</del>	
*B CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
OFFICIALS & MANAGERS	. (43)	(4)	(6)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
PROFESSIONALS	13			10				1	3	<del></del> .	
TECHNICIANS .	4			3			1				
SALES WORKERS											
OFFICE & CLERICAL	6	1		1					4		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)						·					
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	23	1	:	14			1		7		

This Annual Employment Report is being filed for <u>Tichenor License Corporation</u> ("TLC"), as licensee of Stations WIND, Chicago and WOJO(FM), Evanston, Illinois, and for <u>WLXX-AM License Corp.</u> (WLXX L/C"), licensee of Station WLXX(AM), Chicago, Illinois. Although the foregoing stations are licensed to different entities, it is appropriate to file a single FCC Form 395-B for the stations because TLC and WLXX L/C are both subsidiaries (directly or indirectly) of Hispanic Broadcasting Corporation, and the stations are in the same market (Chicago, Illinois) and have at least one employee in common.

L:\1842\014\MSC\Form 395-B Exhibit.doc

### **RROADCAST STATION**

		DYMENT REPORT		
SCTION I		······		
Legal Name of the Licensee _TMS License Calif	ornia, Inc.			
Mailing Address 3102 Oak Lawn Aven				
City Dallas	100 (00200 215)	State or Country (if foreign address	ZIP Code 75219-6991	
Telephone Number (include area Contact Counsel (2		E-Mail Address (if available)	1 ,0210 0001	
Contact Counsel (2	Facility ID Numb		Call Sign	
SECTION II	See below			
A. TYPE OF RESPONDENT				
Commercial Broadcast Station	Noncomme	ercial Broadcast Station He	adquarters	
X Radio TV	Educa	tional Radio	HQ	
Low Power	TV 🔲 Educa	tional TV		
International	d			
B. List call sign and location of share one or more employees.	all stations whose employees are	on this report. This should include	commonly owned stations whic	
Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)	
KSOL (FM)	70032	☐ AM 🕱 FM 🗌 TV	San Francisco, CA	
KZOL (FM)	70033	☐ AM 🗓 FM 🗌 TV	Santa Cruz, CA	
KSOL-FM2	70028	AM X FM TV	Sausalito, CA	
KSOL-FM3	14485	☐ AM X FM ☐ TV	Pleasanton, CA	
		AM FM TV		
		☐ AM ☐ FM ☐ TV		
		☐ AM ☐ FM ☐ TV		
		☐ AM ☐ FM ☐ TV		
SECTION III A. PAYROLL PERIOD COVER	ED BY THIS REPORT (DATE)	July 1 - 15, 2000		
B. CHECK APPLICABLE BOX		nit during the selected payroll perio	od (Complete page one only an	

ıd certification statement and return to FCC)

Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and X certification statement and return to FCC)

This report must be certified, as follows: (a) By licensee, if an individual; (b) By a partner, if a partnership (general partner, if a limited partnership); (c) By an officer, if a corporation or an association; or (d) By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

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I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed Mu	II	Print Name McHenry T. Tichenor, Jr.
Title President		Telephone No. (include area code) (214) 525-7700
Date 9/27/00		

A. FULL-TIME EMPLOYEE DA			MALE				FEMALE				
JOB CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
	(a-j)	(a)	(p) .	(c)	(d)	(e)	<b>(f)</b>	(g)	(h)	(i)	(i)
OFFICIALS & MANAGERS	10	1		3			5		1		
PROFESSIONALS	5	,	ı	4					1		
TECHNICIANS	3								3	_	
SALES WORKERS	8	2		3			1		2		
OFFICE & CLERICAL	5						1		4		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											<u> </u>
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	31	3		10			7		11		

B. PART-TIME EMPLOYEE DA				MALE			FEMALE				
B CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NAITVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
	(a-j)	(a)	(b)	(c)	(d)	(c)	<b>(f)</b>	(g)	(h)	(i)	(i)
OFFICIALS & MANAGERS				-					-		
PROFESSIONALS											
TECHNICIANS	2			2			- · · · · · · · · · · · · · · · · · · ·				
SALES WORKERS											
OFFICE & CLERICAL	3			1					2		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)	-								_		
LABORERS (UNSKILLED)	4			3					1		
SERVICE WORKERS											
TOTAL	. 9			6					3		

## BROADCAST STATION ANNUAL EMPLOYMENT REPORT

	•	$\sim$	B.T	¥
ICI	u	U	N	1

Legal Name of the Licensee			
See Exhibit			
Mailing Address			
3102 Oak Lawn Aven			
City Dallas		State or Country (if foreign address	,
Telephone Number (include area	anda)	TX	75219-6991
Contact Counsel (2		E-Mail Address (if available)	
	Facility ID Numb	er	Call Sign
and a survey of the survey of	See below		<u> </u>
SECTION II			
A. TYPE OF RESPONDENT			
Commercial Broadcast Station	Noncomme	rcial Broadcast Station He	adquarters
X Radio TV	Educati	ional Radio	HQ
Low Power	TV Educati	ional TV	
Internationa	.1		
B. List call sign and location of	all stations whose employees are o	on this report. This should include	commonly owned stations which
share one or more employees.	com.c		outliness, evines surrous vinion
Call Sign	Facility ID Number	Type	Location
		(check applicable box)	(city, state)
KLSQ		X AM FM TV	East Las Vegas,NV
KISF(FM)	28893	AM X FM TV	Las Vegas,NV
KLSQ(AM)	36694	X AM FM TV	Laughlin, NV
		AM FM TV	
		AM FM TV	
		☐ AM ☐ FM ☐ TV	
		☐ AM ☐ FM ☐ TV	
		AM FM TV	
CECCION III			
A. PAYROLL PERIOD COVER	ED BY THIS REPORT (DATE)	July 1 - 15, 2000	
B. CHECK APPLICABLE BOX			
Garger than Son S.11 4	ime employees in employment we	it during the selected payroll perio	d (Complete page one only and
certification statement		a darmg me selected payron perio	a (Complete page one only and
	employees in employment unit do and return to FCC)	uring the selected payroll period (C	omplete all sections of form and

This report must be certified, as follows: (a) By licensee, if an individual; (b) By a partner, if a partnership (general partner, if a limited partnership); (c) By an officer, if a corporation or an association; or (d) By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

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I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed Must	Print Name McHenry T. Tichenor, Jr.
Title President	Telephone No. (include area code) (214) 525-7700
Date 9/21/00	

A. FULL-TIME PAID EMPLOYEE DATA		MALE					FEMALE				
JOB CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
	(a-j)	(a)	(b)	(c)	(d)	(e)	<b>(f)</b>	(g)	(h)	(i)	(i)
OFFICIALS & MANAGERS	5	1		1			1		2		
PROFESSIONALS											
TECHNICIANS	7			6					1		
SALES WORKERS	11	1		6			2		2		
OFFICE & CLERICAL	3								3		
CRAFT WORKERS (SKILLED)	1	1				l 					
OPERATIVES (SEMI-SKILLED)	1			1							
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	28	3		14			3		8		

B. PART-TIME PAID EMPLOYEE DATA		MALE					FEMALE				
\ CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
ì	(a-j)	(a)	(b)	(c)	(d)	(e)	<b>(f)</b>	(g)	(h)	(i)	(i)
OFFICIALS & MANAGERS											
PROFESSIONALS											-
TECHNICIANS											
SALES WORKERS											
OFFICE & CLERICAL											
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)						·					
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	None										